

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf. 03-07-98-0060
Your File/V/Réf.

DATE 19 May 1998

TO/DEST. Community Services Committee

FROM/EXP. A/Co-ordinator
 Community Services Committee

SUBJECT/OBJET **PRESENTATION BY NO NAME SENIORS ACTION
NETWORK**

REPORT RECOMMENDATION

That the Community Services Committee receive this presentation for information.

BACKGROUND

A request has been received for the Community Services Committee (CSC) to hear a presentation by the No Name Seniors Action Network at the 4 June 1998 CSC meeting.

Please find attached the following background information:

- A copy of a letter sent to the Minister of Health by approximately 650 seniors living in Ottawa-Carleton (ANNEX A);
- Minutes and recommendations from the 20 April 1998 meeting of seniors and Regional Councillors (ANNEX B);
- The Community Care Access Centre (CCAC) budget for 1998 and 1999 (ANNEX C), and;
- *Voices for Reinvestment* document outlining other aspects of community care funding (ANNEX D).

*Approved by
Jennifer Bionda*

Attach. (4)

Elizabeth Witmer
Minister of Health
10th floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario
M7A 2C4

Dear Ms. Witmer:

I want to voice concern about hospital closures in Ottawa-Carleton. On February 19, while in Ottawa, you announced that the province is giving \$81 million to hospitals for restructuring. You also announced that Riverside and Grace hospitals will be closed and services at the Montford Hospital modified. Yet with these closures planned and the \$81 million reinvestment, there is no sign of funding for community-based services to absorb the impact of these closures. Without these services in place some seniors will be at risk.

The province's hospital restructuring commission stated that it would not close any hospitals in Ottawa-Carleton until there were adequate services established in the community to provide care at home. The \$81 million designated for hospital restructuring leaves a big gap in funding for the community-based network.

Closing hospitals will increase the rate of early hospital discharge. Right now however, there are 153 people on a waiting list for home care in Ottawa-Carleton. Suzanne McGlashan, chief executive officer for the Community Care Access Center, states that "Hospitals are telling us that they're backlogged because we cannot take patients out into the community."

The bottom line for me as a senior is that I want to be assured that there will be enough community services when I am discharged from hospital.

Signature _____

Date _____

**Services in the community after early hospital discharge
Meeting of seniors and regional councillors
April 20, '98**

Present: members of the no name seniors action network, seniors from other organizations, Ann Perron representing Clive Doucet, Diane Holmes.
Regrets: Clive Doucet, Madeline Meilleur

Several seniors presented personal stories about their own and friends' difficulties with early hospital discharge from acute care and hospital emergencies. These stories pointed out the need for more convalescent care and long term beds. Convalescent care is limited in Ottawa-Carleton and those who can pay receive care. Seniors are being released from the emergency and sent home without anyone at home to care for them.

There was a review of initiatives undertaken in 1998 to respond to the situation created by the province moving ahead too quickly with health care changes.

- a. The No Name Seniors Action Network organized a letter and phone campaign to the health minister stating that money has to be invested into community care before hospital closures, otherwise some seniors would be at risk.
- b. Fifty community agencies came together to ask for increased funding for the C.C.A.C., because of Alex Cullen's efforts.
- c. The Council on Aging held a conference to improve discharge planning in the Region.

Diane Holmes invited the senior groups present, to meet with the Community Social Services Committee on May 7 to present their stories about what is happening to seniors and the following recommendations.

Recommendations re Advocacy

- a. That regional councillors and the chair write letters to the health minister about the situation in Ottawa-Carleton regarding community care and the effects of hospital closures.
- b. That adequate funds are provided to the C.C.A.C.
- c. That the recommendations for funding developed by the District Health Department on community care be reviewed and submitted to Elisabeth Witmer.

Recommendation re Education

- a. Information about what happens when an individual goes into the hospital and the importance of the discharge plan of service. The information should consider that, after being hospitalized, people may not be able to manage as independently at home as they did before.
- b. Use of volunteers to assist frail seniors when they go to the hospital.

**1998-1999 budget request will permit
Ottawa-Carleton Community Care Access Centre
to maintain service, respond to new growth**

Ottawa, April 17, 1998: The Ottawa-Carleton Community Care Access Centre (CCAC) has submitted to the Ministry of Health a budget of \$68.1M for 1998-1999. This represents an increase of 6.3% over the Centre's operating costs in the 1997-1998 fiscal year.

Developed out of extensive consultations with clients, hospitals, provider agencies, and community support agencies, the CCAC's budget reflects service trends and community needs.

"Our primary concern is the well-being of the people who use our services," said Alan Wotherspoon, Chair of the CCAC Board of Directors. "We need the additional funds in order to maintain services for people on the program and to respond to what we anticipate will be double-digit growth over the next year."

Last year, the CCAC experienced increases of 33% in clients referred from hospitals, 13% in clients who need long term care, and 15% in clients awaiting placement. The Centre projects a 12.7% increase in caseloads, or an additional 17,000 clients, for the coming year.

The Ministry of Health has confirmed that until the 1998-1999 budget is approved, the CCAC will continue to receive the additional one-time funding of \$3M that was approved in January 1998.

"Even if we continue to receive that funding," cautioned Suzanne McGlashan, Chief Executive Officer of the CCAC, "our budget will be \$2.7M short to meet the projected community needs for 1998-1999."

Waiting lists for professional therapy services now range from a few days to several months. People wait longer in hospital for access to in-home shift nursing and IV therapy services. And, without additional funding, the centre faces the possibility of a waiting list for homemaking services.

In the meantime, the CCAC is taking steps to avoid another round of severe service cuts, like those experienced in November of 1997. "In the future, we will not reduce services for our present clients in order to balance the budget. We have reduced service levels as far as we can go. Right now, staff are implementing a new resource management approach to ensure that predictable levels of service are available for the full 12 months of the year. If service demands outstrip resources in the future, we will introduce waitlists for new clients," added Ms. McGlashan.

The CCAC is urging the Ministry of Health to approve its budget early in the fiscal year.

The Ottawa-Carleton CCAC provides home care services, placement coordination services, and one-stop access to information and referral to related community care services, including volunteer-based community programs. In-home services ranging from nursing visits to shift-nursing, to homemaking for the frail elderly, to respite care for the parents of severely disabled children, are provided *daily* to almost 11,000 clients.

- 30 -

For more information: Suzanne McGlashan, Chief Executive Officer
745-8124, x 5915

Ottawa-Carleton Community Care Access Centre (CCAC)
Centre d'accès aux soins communautaires d'Ottawa-Carleton (CASC)
410 - 1223 rue Michael Street N Gloucester, Ontario K1J 7T2
745-5525 / 745-6984

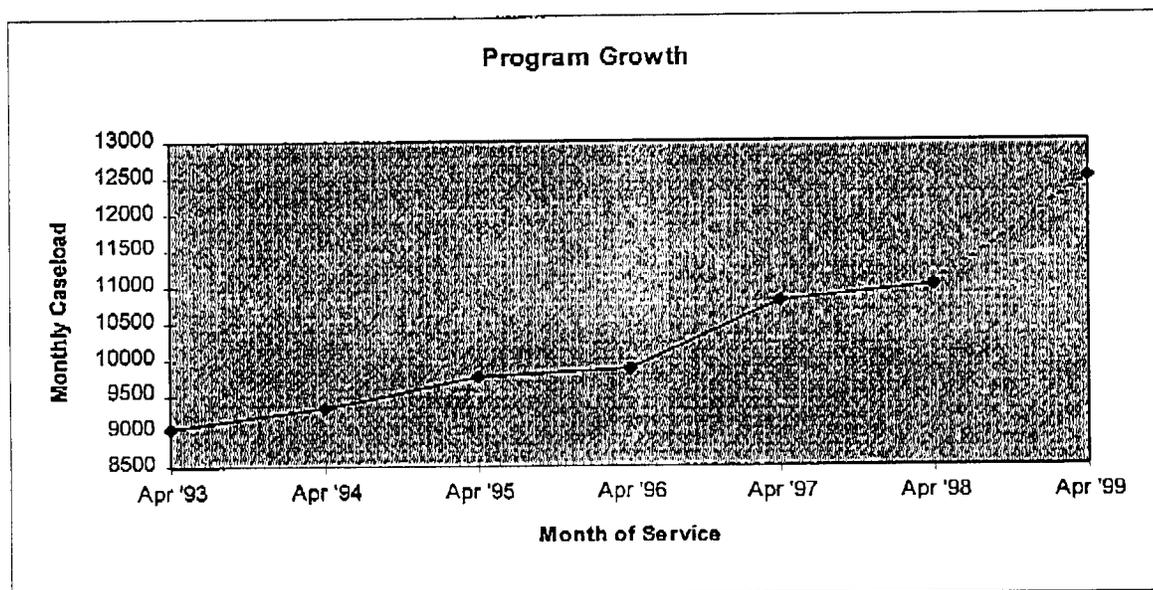
Backgrounder

Budget

- The CCAC requires \$68.1M to maintain services for people on the program right now, and to respond to anticipated double-digit increases in demand.
- In 1997-1998, the CCAC's approved budget was \$62.4 million dollars. The CCAC's budget has been static at \$62.4M since 1994.
- In January 1998, the CCAC received an additional \$3M in one-time funding in order to respond to increasing demand. This additional operating funding was essential in order to maintain existing services and meet the growing needs of the community.
- The Ministry of Health has confirmed that until the 98-99 budget is approved, the CCAC will continue to receive the \$3M in additional one-time funding that was approved in January 1998.
- Based on the additional \$3M in funding, the CCAC's total budget will still be \$2.7M short to meet the projected community needs for 1998-1999.
- Without the \$68.1M budget for 1998-1999, CCAC clients will experience similar service limitations to those implemented in November, and the CCAC will be severely limited in responding to new needs and the increasing acuity of existing clients in the community.

Increasing Demand

- In 1997-1998, the CCAC's acute care sector (medical/surgery; chemo; obstetrics) grew by 33%, from 1200 clients one year ago to 1600 clients now.
- In 1997-1998, the CCAC's long term care sector (seniors; disabled adults; palliative; pediatrics; cognitively impaired; mental health) grew by 13%, from 8300 clients to 9400 clients in 1997-1998.
- In 1997-1998, the CCAC experienced a 15% increase in demand for homemaking services, a 14% increase in demand for visit nursing, and a 9% increase in placement caseloads.



Ottawa-Carleton Community Care Access Centre (CCAC)
Centre d'accès aux soins communautaires d'Ottawa-Carleton (CASC)

Why is the \$68.1M necessary?

There are almost 11,000 people on the program right now. The CCAC requires \$68.1M for 1998-1999 in order to respond to these community needs:

- Projections indicate that caseloads will increase by 12.7% increase over 1998-1999. This is the equivalent of an additional 17,000 clients over the year.
- Waiting lists should be maintained at current levels or reduced:
 - The waiting list for occupational therapy is at almost 350 people. People wait anywhere from 2 days to several months for service.
 - The waiting list for placement to long term care facilities is at almost 1500 people. People wait anywhere from 2 weeks to more than 2 years for placement.
 - Many seniors are not gaining access to the CCAC's mental health services because referrals are restricted to the ROH and OGH hospitals. The additional funds will enable the CCAC to invite mental health referrals from all area hospitals.
 - The Ministry's recently-announced pre-school speech language initiative will increase the number of referrals to CCAC speech therapy. The additional funds will enable us to respond to this new program.
 - The CCAC was receiving up to 130 requests per month for in-home IV therapy service. At our current levels of operational funding, we can afford to fill only 100 of these requests each month.
- Increasing numbers of frail elderly clients, demand for respite for caregivers, and insufficient numbers of long term care beds have resulted in the need for more intensive levels of service at home, accounting for much of the growth in the long term care sector. 14.4% of the CCAC's clients are over 85 years of age.
- Movement toward hospital restructuring has already resulted in fewer hospital beds, shorter hospital stays, increased referrals to home care from emergency departments, and more complex treatments at home.

September Submission to the Province

Voices Calls — Loud and Clear

Late September was the deadline for responses to the Health Services Restructuring Commission's final report on restructuring health services in Ottawa-Carleton. Results of earlier consultations with stakeholders and the public showed strong support for \$58 million of annual reinvestment into a variety of community-based (non-hospital) services. To date, \$36 million has been recommended. *Voices* called on the Commission to:

Increase funding for community health services programs by \$22 million annually for:

- health services in the home — the range of medical and support services, personal care, physiotherapy, nursing and medical care that *must continue to be covered by the publicly funded health care system — and not borne by family and friends*. These services are needed by many people — from new mothers and babies, to people living alone, to seniors, following surgery or other treatment in hospital.
- respite care for family and friends — who are providing round-the-clock care to spouses or children at home with chronic illness or disability.
- palliative care services — increasingly, people with terminal illnesses are choosing to spend their last months and weeks at home or in other community-based settings, where they need medical and nursing care, and a variety of other support services.
- French-language services — just as we needed French-language hospital services, we need services in the home, long-term care, palliative care, respite care — all provided in French.

"As business people and community leaders, we need to make sure that Ottawa-Carleton has an accessible, quality health care system for our residents — it makes sound economic sense."

Brian McGarry, Regional Councillor,
local business leader
and *Voices* member

- Promotion and prevention programs. We need to support people in staying healthy and preventing illness and injury.

Increase funding for long-term care beds and services. The Commission recommended that Ottawa-Carleton receive no new funding for long-term care immediately, and only \$20 million annually, gradually added over the next six years. *We have waiting lists of over 1,000 people needing long-term care now — their needs must be met.* In addition, we need capital funding to

refurbish or develop new buildings for these additional beds. As for future needs, more work is needed to determine the right level of funding.

Ensure that in implementing changes we bring together representatives from all care areas and settings — including long-term care, community mental health, home care, community health, primary care and hospital-based care.

Provide funding for local monitoring and evaluation of health services and the health of area residents. No one knows whether such moves as increasing home care helps to reduce hospital admissions. Our system and our health must be watched very closely over the next few years.

A Force to be Reckoned With!

Voices for Reinvestment is a non-profit, voluntary organization which is now 700 members strong. We represent businesses both large and small, community organizations and local governments. Our goal is to ensure that dollars cut out of hospital services are put back into other needed health services — including health services in the home, long-term care, and community mental health services.

sure we are heard.
How to add your voice...